Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-28-08</u>	Address:	54 Fast S 15th Street
Case #:	35F27675		Vincenne, Indiana
County:	Knox		
Operati	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) ite (only)	Seizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open - No Structure Other:
Corrosiv	nd: Location (bedroom, kitchen, open at apply) /Ammonia Reaction(s): osphorous/lodine Reaction(s): able Solvents: outside deactive Metal (Lithium): outside ous Ammonia: alloric Acid Gas Generator(s): outside // Per Base: dem and location):		
☐ Yes☐ No *If yes, fax rep This report Fire Departr Health Depa Child Protee	r age 18 discovered (check one) (number present) out to Child Protective Services is to be faxed to the following agen ment: Vincennes Twp. artment: Knox County stion Service:	Ephedrine Retail/Mo Other: Cics that scrve the lo Fax: 812 88 Fax: 812 88 Fax:	cation: 2 1503 25625
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trooper Dong Humphrey</u> Phone 812 867 2079			

This form is to be faxed to the l'irc Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,